

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032864

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7532

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in lb
1 Hourc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Barnes Hosp.**Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Illinois** b. COUNTY **Madison**c. CITY OR TOWN **Cottage Hills**Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
1324 12th StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Galen

Middle

Last

Rush

4. DATE OF DEATH

Month **July**Day **31**Year **1962**

5. SEX

M.

6. COLOR OR RACE

W.7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-5-34

9. AGE (last birthday)

27

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steelworker

10b. KIND OF BUSINESS OR INDUSTRY

Laclede Steel Co.

11. BIRTHPLACE (City and state or country)

Springerton, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles C. Rush

13b. MOTHER'S MAIDEN NAME

Ann Kimbro

14. NAME OF HUSBAND OR WIFE

Ada Mae Rush15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles R. RushAddress **Wood River, Ill.****Edwardsville, Rd.**18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intra-peritoneal hemorrhage from laceration of spleen and splenic vein; subdural hemorrhage; suffered in collision with truck in Madison County, Illinois on July 31, 1962. Exact cause and manner of same could not be determined.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

ined.**OPEN VERDICT**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

816.1-26

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐**OPEN VERDICT**

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above20c. TIME OF INJURY
Hour **?**
a.m. **?**
p.m. **?**Month, Day, Year
7-31-6220d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 75

20f. CITY, TOWN, OR LOCATION

Madison County, Illinois

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at **7¹⁵ P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

8-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-3-1962

23c. NAME OF CEMETERY OR CREMATORY

Bethalto City

23d. LOCATION (City, town, or county)

Bethalto

(State)

Ill.

24. FUNERAL DIRECTOR

ADDRESS

Smith 2521 Edwards St. Alton, Illinois

25. DATE RECD. BY LOCAL REG.

AUG 1 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Laurence E. Cutforth

Licensed Embalmer No. 5538

P. O. Address Alton Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.